AMENDED

Case 18-24434-VFP Doc 29 Filed 10/31/18 Entered 10/31/18 09:45:45 Desc Main Document Page 1 of 10

Fill in this information to identify your case:					
Alfredo F. Chao					
-	First Name	Middle Name	Last Name		
Debtor 2	Chris Anne	Criao			
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: District of New Jersey					
Case number 18-24434 (If known)					

Check if this is an amended filing

#### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	Your assets Value of what you own
. Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$ <u>1,251,808.00</u>
1ь. Copy line 62, Total personal property, from Schedule A/B	\$ 67,728.94
1c. Copy line 63, Total of all property on Schedule A/B	\$ <u>1,319,536.94</u>
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
t. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$ <u>1,219,576.63</u>
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ <u>14,102.32</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	<b>+</b> \$21,414.41
Your total liabilities	\$ <u>1,255,093.36</u>
Part 3: Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$ <u>13,525.94</u>
5. Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22c of Schedule J	\$ <u>9,854.56</u>

AMENDED

Case 18-24434-VFP

Middle Name

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Desc Main

Debtor 1

Alfredo F. Chao

First Name

Doddinone

Last Name

Case number (if known) 18-24434

Part 4: Answer These Questions for Administrative and Statistical Records 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. ☑ Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official 22,235.42 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: **Total claim** From Part 4 on Schedule E/F, copy the following: 0.00 9a. Domestic support obligations (Copy line 6a.) 14,102.32 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 0.00 9d. Student loans. (Copy line 6f.) 0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g. Total. Add lines 9a through 9f.

14,102.32

. AMENDED

Case 18-24434-VFP Doc 29 Filed 10/31/18 Entered 10/31/18 09:45:45 Desc Main Document Page 3 of 10

Fill in this information to identify your case:						
Debtor 1 Alfredo F. Chao						
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: District of New Jersey						
Case number 18-24434						
(If known)						

Check if this is an amended filing

#### Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt						
<ol> <li>Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.              ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)             ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)     </li> <li>For any property you list on Schedule A/B that you claim as exempt, fill in the information below.</li> </ol>						
Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption	Specific laws that allow exemption			
2701 Palisade Avenue Brief description:  Line from Schedule A/B: 1.1	\$ 770,000.00	\$ 9,952.50 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522 (d)(5)			
Brief 279 Highland Avenue description:  Line from Schedule A/B: 1.2	\$ 465,000.00		11 USC § 522(d)(1)			
Brief 2003 Nissan Altima description:  Line from Schedule A/B: 3.1	\$ 1,000.00	1,000.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522 (d)(5)			
3. Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3   ☑ No ☐ Yes. Did you acquire the property covered to No ☐ Yes	years after that for cases filed o	• ,				

Case 18-24434-VFP Alfredo F. Chao

Debtor

#### Part 2: Additional Page

Drief description of the property and line	-	Amount of the	Specific laws that allow exemption
Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
2013 Toyota Sienna Brief	7.550.00		11 USC § 522(d)(2)
description:	\$ <u>7,550.00</u>	\$ 7,550.00	
Line from Schedule A/R: 3.2		100% of fair market value, up to any applicable statutory limit	
Household goods - General household furn			11 USC § 522(d)(3)
description: sets.	s, bedroom \$5,000.00	\$ 5,000.00	
Line from		100% of fair market value, up to any applicable statutory limit	
Schedule A/B: 6 Electronics - 2 TV's, Cell Phone, Computer	r Tablot		11 1100 6 500(4)/0)
Brief description:	\$1,500.00	\$ 1,500.00	11 USC § 522(d)(3)
·		100% of fair market value, up to	
Line from Schedule A/B: 7		any applicable statutory limit	
Clothing - Clothing Brief	<sub>\$</sub> 500.00	\$ 500.00	11 USC § 522(d)(3)
description:	\$_000.00	\$ 500.00 100% of fair market value, up to	
Line from Schedule A/B: 11		any applicable statutory limit	
Jewelry - Wedding rings, engagement ring Brief	\$ 1,000.00	T. 1 000 00	11 USC § 522(d)(4)
description:	\$ 1,000.00	\$ 1,000.00 100% of fair market value, up to	
Line from		any applicable statutory limit	
Schedule A/B: 12 Cash on Hand (Cash On Hand)			11 U.S.C. § 522 (d)(5)
description:	\$ <u>100.00</u>	\$ 100.00	
Line from		100% of fair market value, up to any applicable statutory limit	
Schedule A/B: 16		any applicable statutory limit	111100000000
Pfizer, Inc. Brief	<sub>\$</sub> 797.50	<b>7</b> \$ 797.50	11 U.S.C. § 522 (d)(5)
description:	T	100% of fair market value, up to	1
Line from Schedule A/B: 18		any applicable statutory limit	44 1100 0 500(1)(40)
Scapa North America Inc. Brief	\$ 34,816.31	\$ 34,816.31	11 USC § 522(d)(12)
description:	τ	100% of fair market value, up to	
Line from		any applicable statutory limit	
Schedule A/B: 21 Whole life insurance policy x9078 Brief			11 USC § 522(d)(5)
description:	\$ <u>19.50</u>	\$ 19.50	
Line from		100% of fair market value, up to any applicable statutory limit	
Schedule A/B: 31			
Brief description:	\$	. 🔲 \$	
Line from		100% of fair market value, up to any applicable statutory limit	
Schedule A/B:			
Brief description:	\$	\$	
·		100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief	œ.		
description:	\$	100% of fair market value, up to	
Line from		any applicable statutory limit	
Schedule A/B:			

. AMENDED

# Case 18-24434-VFP Doc 29 Filed 10/31/18 Entered 10/31/18 09:45:45 Desc Main Document Page 5 of 10

Fill in this information to identify your case:						
Alfredo F. Chao						
First Name Middle Name Last Name						
Debtor 2 Chris Anne Chao						
(Spouse, if filing) First Name Middle Name Last Name						
United States Bankruptcy Court for the: _ District of New Jersey						
Case number18-24434						
(If known)						

Check if this is:

An amended filing

☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed  Not employed	Employed  Not employed
Include part-time, seasonal, or self-employed work.	Occupation		Guest Services
Occupation may include student or homemaker, if it applies.	Employer's name	New Meadowlands Racetrack LLC	New Meadowlands Racetrack
	Employer's address	1 Racetrack Drive	1 Racetrack Drive
		Number Street	Number Street
		East Rutherford, NJ 07073	East Rutherford, NJ 07073
		City State ZIP Code	City State ZIP Code
	How long employed there	9?	1 week

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

4. Calculate gross income. Add line 2 + line 3.

3. Estimate and list monthly overtime pay.

	For Debtor 1	For Debtor 2 or non-filing spouse
2	0.470.00	1.041.00

2. \$\\ 6,478.33 \\ \\$\\ 1,941.33 \\ 3 \\ + \$\\ 0.00 \\ + \$\\ 0.00 \\

4. \$\\_6.478.33

\$\_\_\_1,941.33

		For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	<b> →</b> 4.	s 6,478.33	\$ 1,941.33	
5. List all payroll deductions:	/ 4.	Ψ	Ψ	
5a. Tax, Medicare, and Social Security deductions	5a.	<sub>\$</sub> 1,128.23	<sub>\$</sub> 372.75	
5b. Mandatory contributions for retirement plans	5b.	\$ 0.00	s 0.00	
5c. Voluntary contributions for retirement plans	5c.	\$ 0.00	\$ 0.00	
5d. Required repayments of retirement fund loans	5d.	\$ 0.00	\$ 0.00	
5e. Insurance	5e.	\$ 0.00	\$ 0.00	
5f. Domestic support obligations	5f.	\$ 0.00	\$ 0.00	
5q. Union dues	5g.	\$ 0.00	\$ 0.00	
5h. Other deductions. Specify: Disability		+\$ 11.53	+ \$ 0.00	
	_	\$ 0.00	\$ 0.00	
		\$ 0.00	\$0.00	
Family Leave		\$31.22	\$0.00	
6. <b>Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +	5h. 6.	\$_1,170.98	\$372.75	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_5,307.36	\$1,568.58	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm				
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total		<sub>\$</sub> 6,650.00	\$ 0.00	
monthly net income.	8a.	s 0.00	s 0.00	
8b. Interest and dividends	8b.	\$0.00	\$0.00_	
<ol> <li>Family support payments that you, a non-filing spouse, or a deper regularly receive</li> </ol>	enaent			
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	e 8c.	\$0.00	\$	
8d. Unemployment compensation	8d.	\$0.00	\$0.00	
8e. Social Security	8e.	\$0.00	\$0.00_	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistancy that you receive, such as food stamps (benefits under the Supplement				
Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$0.00	\$0.00	
8g. Pension or retirement income	8g.	\$0.00	\$0.00	
8h. Other monthly income. Specify:	8h.	+ \$0.00	+\$0.00	
9. <b>Add all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_6,650.00	\$0.00_	
10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_11,957.36	<b>+</b> \$ 1,568.58 <b>=</b>	\$_13,525.94
11. State all other regular contributions to the expenses that you list in Solicular contributions from an unmarried partner, members of your househouse.			ommates, and other	
friends or relatives.			on and the total in Oak and do I	
Do not include any amounts already included in lines 2-10 or amounts that	t are not av	allable to pay expe		¢ 0.00
Specify:	<b></b>		11. <b>+</b>	<b>\$</b>
12. Add the amount in the last column of line 10 to the amount in line 11. Write that amount on the Summary of Your Assets and Liabilities and Cert			•	\$13,525.94
				Combined monthly income
<ol> <li>Do you expect an increase or decrease within the year after you file t</li> <li>No.</li> </ol>	this form?			
Yes. Explain:				

**AMENDED** 

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Fill in this in	formation to ide	entify your case:			
Debtor 1	Alfredo F. Chao				
	First Name	Middle Name	Last Name	 Check if this is:	
Debtor 2	Chris Anne Chao			An amended	£:::
(Spouse, if filing)	First Name	Middle Name	Last Name		-
United States E	Bankruptcy Court for	r the: District of New Jersey	(0.1.)	• • •	t showing postpe of the following of
0	18-24434		(State)	-	
Case number (If known)			<del>_</del>	MM / DD / YYY	Y

## **Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Ē	Part 1: Describe Your House	sehold			
1.	Is this a joint case?  No. Go to line 2.				
	Yes. Does Debtor 2 live in a s	eparate household?  • Official Form 106J-2, Expenses for S	concrete Household of Dobter 2		
2	Do you have dependents?		eparate Flouseriold of Debtor 2.		
۷.	Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
	Do not state the dependents' names.	casi asponasii	Daughter		□ No ✓ Yes
			Daughter		□ No ✓ Yes
			Son	15	□ No ✓ Yes
					No Yes
					No Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?	V No □ Yes			
P	art 2: Estimate Your Ongoin	ng Monthly Expenses			-

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of

Your expenses such assistance and have included it on Schedule I: Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and 2,417.06 any rent for the ground or lot. If not included in line 4: 0.00 Real estate taxes 0.00 Property, homeowner's, or renter's insurance 4b. 0.00 Home maintenance, repair, and upkeep expenses 4c. 0.00 Homeowner's association or condominium dues 4d

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Alfredo F. Chao Debtor 1

First Name Middle Name Last Name

18-24434 Case number (if known)\_

6. Utilities: 6a. Electricity, heat, natural gas 6a. \$ 300.00 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 600.00 6d. Other. Specify: PSEG 6d. \$ 0.00 7. Food and housekeeping supplies 7. \$ 700.00 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$ 150.00 10. Personal care products and services 11. \$ 55.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 175.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Health insurance 16b. Health insurance 16c. \$ 300.00 16c. \$ 300.00 17c. \$ 150.00 18c. Life insurance 18c. \$ 142.91 18c. Vehicle insurance 18c. \$ 473.00 18d. Charitable contributions and religious donations 18c. Vehicle insurance 18c. \$ 473.00 18d. Other insurance. Specify: 18c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.					
6. Utilities:  6a. Electricity, heat, natural gas 6a. \$ 300.00 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: PSEG 6d. Other. Specify: PSEG 7. Food and housekeeping supplies 7. \$ 700.00 8. Childcare and children's education costs 8. \$ 0.00 9. Clothing, laundry, and dry cleaning 9. \$ 150.00 10. Personal care products and services 10. \$ 50.00 11. Medical and dental expenses 11. \$ 55.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 175.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 0.00 15c. Vehicle insurance. Specify: 15d. \$ 0.00 15d. Other insurance. Specify: 15d. \$ 0.00 15d. Other insurance. Specify: 15d. \$ 0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.				Your	expenses
6. Utilities:  6a. Electricity, heat, natural gas  6b. Water, sewer, garbage collection  6c. Telephone, cell phone, Internet, satellite, and cable services  6c. S. 600.00  6d. Other. Specify: PSEG  6d. S. 0.00  7. Food and housekeeping supplies  7. S. 700.00  8. Childcare and children's education costs  8. S. 0.00  9. Clothing, laundry, and dry cleaning  10. Personal care products and services  11. S. 55.00  11. Medical and dental expenses  12. Transportation. Include gas, maintenance, bus or train fare. Do not include care payments.  12. S. 175.00  13. Entertainment, clubs, recreation, newspapers, magazines, and books  14. S. 80.00  15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. S. 0.00  15c. Vehicle insurance. Specify:	5	Additional mortgage payments for your residence such as home equity loans	5	\$	0.00
6a. Electricity, heat, natural gas       6a. \$ 300.00         6b. Water, sewer, garbage collection       6b. \$ 50.00         6c. Telephone, cell phone, Internet, satellite, and cable services       6c. \$ 600.00         6d. Other. Specify: PSEG       6d. \$ 0.00         7. Food and housekeeping supplies       7. \$ 700.00         8. Childcare and children's education costs       8. \$ 0.00         9. Clothing, laundry, and dry cleaning       9. \$ 150.00         10. Personal care products and services       10. \$ 50.00         11. Medical and dental expenses       11. \$ 55.00         12. Transportation. Include gas, maintenance, bus or train fare.       12. \$ 175.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13. \$ 25.00         14. Charitable contributions and religious donations       14. \$ 80.00         15. Insurance.       Do not include insurance deducted from your pay or included in lines 4 or 20.         15a. Life insurance       15b. \$ 0.00         15c. Vehicle insurance.       15c. \$ 473.00         15d. Other insurance. Specify:       15d. \$ 0.00         15. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.					
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 600.00 6d. Other. Specify: PSEG 6d. \$ 0.00 7. Food and housekeeping supplies 7. \$ 700.00 8. Childcare and children's education costs 8. \$ 0.00 9. Clothing, laundry, and dry cleaning 9. \$ 150.00 10. Personal care products and services 10. \$ 50.00 11. Medical and dental expenses 11. \$ 55.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 175.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	0.		6a	\$	300.00
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: PSEG 6d. Other. Specify: PSEG 6d. Other. Specify: PSEG 6d. Other. Specify: PSEG 6d. S 0.000 7. Food and housekeeping supplies 7. \$ 700.000 8. Childcare and children's education costs 8. \$ 0.00 9. Clothing, laundry, and dry cleaning 9. \$ 150.00 10. Personal care products and services 10. \$ 50.00 11. Medical and dental expenses 11. \$ 55.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 175.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 25.00 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. \$ 0.000 15d. Other insurance. Specify: 15d. \$ 0.000 15d. Other insurance. Specify: 15d. \$ 0.000					
6d. Other. Specify: PSEG  6d. \$ 0.00  7. Food and housekeeping supplies  7. \$ 700.00  8. Childcare and children's education costs  8. \$ 0.00  9. Clothing, laundry, and dry cleaning  9. \$ 150.00  10. Personal care products and services  10. \$ 50.00  11. Medical and dental expenses  11. \$ 55.00  12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.  12. \$ 175.00  13. Entertainment, clubs, recreation, newspapers, magazines, and books  14. \$ 80.00  15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15d. Other insurance. Specify:  15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.					
7. Food and housekeeping supplies       7. \$ 700.00         8. Childcare and children's education costs       8. \$ 0.00         9. Clothing, laundry, and dry cleaning       9. \$ 150.00         10. Personal care products and services       10. \$ 50.00         11. Medical and dental expenses       11. \$ 55.00         12. Transportation. Include gas, maintenance, bus or train fare.				\$	0.00
8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$ 150.00 10. Personal care products and services 11. \$ 50.00 11. Medical and dental expenses 11. \$ 55.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 175.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	7.			\$	700.00
9. Clothing, laundry, and dry cleaning       9. \$	8		8	\$	
10. Personal care products and services       10. \$ 50.00         11. Medical and dental expenses       11. \$ 55.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.       12. \$ 175.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13. \$ 25.00         14. Charitable contributions and religious donations       14. \$ 80.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. \$ 142.91         15b. Health insurance       15b. \$ 0.00         15c. Vehicle insurance       15c. \$ 473.00         15d. Other insurance. Specify:					
11. Medical and dental expenses  12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.  13. Entertainment, clubs, recreation, newspapers, magazines, and books  14. Charitable contributions and religious donations  15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15d. Other insurance. Specify:  15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.				-	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.  12. 175.00  13. Entertainment, clubs, recreation, newspapers, magazines, and books  14. Charitable contributions and religious donations  15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15d. Other insurance. Specify:  15d. Other insurance. Specify:  15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.					
Do not include car payments.  12. \$ 175.00    13. \$ 25.00    14. \$ 80.00    15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance					
14. Charitable contributions and religious donations  15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15d. Other insurance. Specify:  15d. Other insurance. Specify:  15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.			12.	\$	175.00
15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15d. Other insurance. Specify:  15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	25.00
Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15d. Other insurance. Specify:  15d. Other insurance. Specify:  15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	14.	Charitable contributions and religious donations	14.	\$	80.00
15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. \$ 0.00	15.				
15c. Vehicle insurance 15c. \$ 473.00 15d. Other insurance. Specify: 15d. \$ 0.00  16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		15a. Life insurance	15a.	\$	142.91
15d. Other insurance. Specify: 15d. \$ 0.00  16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.		15b. Health insurance	15b.	\$	0.00
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.		15c. Vehicle insurance	15c.	\$	473.00
0.00		15d. Other insurance. Specify:	15d.	\$	0.00
	16.		16.	\$	0.00
17. Installment or lease payments:	17.	Installment or lease payments:			
17a. Car payments for Vehicle 1 17a. \$		17a. Car payments for Vehicle 1	17a.	\$	466.00
		17b. Car payments for Vehicle 2	17b.		
17c. Other. Specify: 17c. \$		17c. Other. Specify:	17c.	\$	0.00
			17d.	\$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. \$ 0.00	18.		18.	\$	0.00
	10	Other nayments you make to support others who do not live with you		<b>*</b>	
	19.		19.	\$	0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	20	· · · <del></del>		*	
				\$	2,944.84
20b. Real estate taxes 20b. \$			20b.	\$	

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Other. Specify:	21.	+\$	0.00
		+\$	
		+\$	
2. Calculate your monthly expenses.			
22a. Add lines 4 through 21.	22a.	\$	9,854.56
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a	22b.	\$	
and 22b. The result is your monthly expenses.	22c.	\$	9,854.56
3. Calculate your monthly net income.	00.	\$	13,525.94
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	*	9,854.56
23b. Copy your monthly expenses from line 22c above.	23b.	<b>-</b> \$	3,004.00
23c. Subtract your monthly expenses from your monthly income.		\$	3,671.38
The result is your monthly net income.	23c.		
4. Do you expect an increase or decrease in your expenses within the year after you file this form?			
For example, do you expect to finish paying for your car loan within the year or do you expect your			
mortgage payment to increase or decrease because of a modification to the terms of your mortgage?			
✓ No.			
Yes. Explain here:			

. AMENDED

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Fill in this information to identify your case:					
Debtor 1	Alfredo F. Chao				
- 	First Name	Middle Name	Last Name		
Debtor 2	Chris Anne Cha	0			
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the 18-24434	District of New Jersey			
(If known)					

■ Check if this is an amended filing

#### Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you nay or agree to nay someone wh	no is NOT an attorney to help you fill out bankruptcy forms?
☑ No	io io ne i un accome, to neip you iii out saintiapte, formo.
Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
Jnder penalty of perjury, I declare that I	have read the summary and schedules filed with this declaration and
hat they are true and correct.	•
/s/ Alfredo F. Chao	✗ /s/ Chris Anne Chao
Signature of Debtor 1	Signature of Debtor 2
Date 10/30/2018 MM / DD / YYYY	Date 10/30/2018